

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12541

## CERTIFICATE OF DEATH

Reg. Dist. No. 102

1. PLACE OF DEATH: Harford

County

City or town Harford Co Home Bel Air Md  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Raymond Bayucabio4. Sex M5. Color or race W6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Mar 12 1882

6. (c) If alive, give age ..... years

8. AGE: Years 66 Months

Days

If less than one day

..... hrs. ..... min.

9. Birthplace Lithuania

(Town, county, and state)

10. Usual occupation Pensioned

11. Industry or business

MOTHER FATHER Indemnity13. Birthplace Indemnity14. Maiden name Indemnity15. Birthplace Indemnity16. Informant Mr Edwin BayucabioAddress 1026 W Burke St Bel Air Md17. Burial Date thereof Dec 18 48  
(Burial, cremation, or removal. Which?) month (day) (year)Cemetery or crematory Harford Co HomeLocation Bel Air Md Rural18. Funeral director J.W. T. InterAddress Bel Air Md19. 12/16 48 P. Sowood  
(Date recd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MdCounty HarfordCity or town Rural - Forest Glen

(If outside city or town limits, write RURAL and give nearest town)

Street No. Almshouse

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 15 1948 at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 23 1948 to Dec 15 1948and that I last saw him alive on Dec 10 - 1948

Immediate cause of death

CEREBRAL HEMORRHAGE

DURATION

4 days

Due to

Due to

Other conditions Essential Hypertension?  
Cerebral Arterio-Sclerosis?  
(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

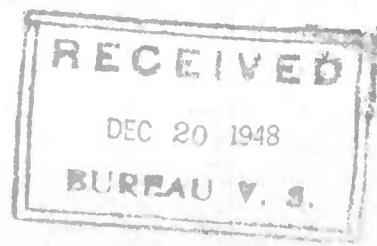
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Willard P. Hudson, M.D.M. D. SurgeonAddress Forest Glen Rd Date signed 12/16/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 94a

12542  
180

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

William Ruben Booth

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Jettie O. Booth

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

Oct 3 1895

8. AGE:

Years

Months

Days

If less than one day hrs. min.

53 10 14

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

Shoe maker

11. Industry or business

MOTHER FATHER

William Booth

12. Name

Virginia

13. Birthplace

Maryland

14. Maiden name

Mary Brown

15. Birthplace

Virginia

16. Informant

Mrs. Jettie O. Booth

Address

Dorpat Rd. Maryland

17. Burial

Belair Burial Park

(Burial, cremation, or removal. Which?)

Date thereof Dec 24, 1948

(month) (day) (year)

Cemetery or crematory

Location

Belair Maryland

18. Funeral director

Howard K. McCombs &amp; Son

Address

Abingdon Maryland

19. 12-20 1948

Name in蒙哥马利

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

Hoford

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

December 14, 1948, to Dec. 17, 1948

and that I last saw him alive on Dec. 17, 1948

Immediate cause of death

Coronary Thrombosis

DURATION

3 da

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

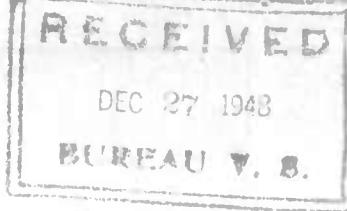
Injured at work?

23. SIGNATURE

Clifford F. Hudson, M.D.  
Fork, Md. Date signed 12/17/48

M. D. or other

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 12543 180

## 1. PLACE OF DEATH:

County.....

City or town.....

*Harford**Magnolia*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *3 days*

Hospital, Institution, or street address where death occurred:

*Home*

How long in hospital or institution?

## 3. (a) FULL NAME

*John William Briley*

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*Male Negro Married*

6. (b) Name of husband or wife

*Ada Jane Briley*6. (c) If alive, give age *72* years

7. Birth date of deceased (mo., day, yr.)

*April 2 - 1870*

8. AGE:

Years

Months

Days

If less than one day

*78 8 20* hrs. min.

9. Birthplace

*Baltimore County, Md.*

(Town, county, and state)

10. Usual occupation

*None*

11. Industry or business

*Jacob Briley*

12. Name

*Jacob Briley*

13. Birthplace

*Shannodora Valley, Va*

14. Maiden name

*Mary Waters*

15. Birthplace

*Harford County**Mrs. Ada J. Briley*

16. Informant

*Mrs. Ada J. Briley*

Address

*Magnolia Methodist Church*

17. Burial, removal, or removal, which?

*Date thereof 12-26-48*

(month) (day) (year)

Cemetery or crematory

*Magnolia Methodist Church*

Location

*Magnolia*

18. Funeral director

*Elmer E. Bullock*

Address

*556 Lewis Street Harford Grace, Md.*

19. Date rec'd by registrar

*12-26-48*

19.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State *Maryland* County *Harford*City or town *Magnolia* (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

*Dec 22*

19 48 at 850 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*July 12*

19 47 to Dec 22 19 48

and that I last saw him alive on

*Dec 22*

19 48

Immediate cause of death

*Carcinoma of stomach*

3

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

*see above*Date of op. *July 30 1948*

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, list in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

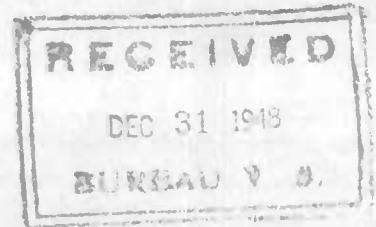
Injured at work?

23. SIGNATURE

*Zed O Hodson, M.D.*

M. D. or other

Address *Edgewood Md* Date signed *12-22-48*



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

1316

12544

182

Reg. Dist. No. ....

M  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. True correct age.

is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County.....

Harford

City or town.....

EMMORTON Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

2 1/2 years

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

James H Broume

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

M

6.(b) Name of husband or wife.....

Sarah E Broume

7. Birth date of deceased (mo., day, yr.)

AUG 26 - 1907

6.(c) If alive, give age.....years

8. AGE:

41

Years

Months

Days

If less than one day

....hrs. ....min.

9. Birthplace.....

Bel Air, Md

(Town, county, and state)

10. Usual occupation.....

Retired

11. Industry or business

MOTHER FATHER

12. Name.....

J Wallace Broume

13. Birthplace.....

Baltimore, Md

14. Maiden name.....

Caroline H Hall

15. Birthplace.....

Harford Co., Md

16. Informant.....

Sarah E Broume

Address.....

Bel Air, Md

17. Burial.....

Date thereof..... Dec 9/48  
(month) (day) (year)

Cemetery or crematory.....

St Mary's Ep. Soc.

Location.....

Emmorton, Md

18. Funeral director.....

Jos. T Foster

Address.....

Bel Air, Md

19. (Date rec'd by registrar)

12/8

1948

P. Sowood

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md

County..... Harford

City or town.....

EMMORTON Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Dec 6

1948 at 12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1921 to Dec 6 1948

and that I last saw him alive on Dec 6 1948

Immediate cause of death.....

Acute Urinary Pains

DURATION

Due to..... Chronic Nephritis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

Dr. Hopkins

M. D. or other

Address..... Bel Air Md Date signed 12/11/48

RECEIVED

DEC 10 1948

BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

411  
10712545  
183

Reg. Dist. No. ....183

## 1. PLACE OF DEATH:

County HARFORD

City or town WHITE HALL RFD

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

SARAH MARTHA CAMPBELL

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female WHITE SINGLE

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

JAN. 13 - 1856

6.(c) If alive, give age years

8. AGE:

Years  
92Months  
11Days  
7

If less than one day

hrs. min.

9. Birthplace STEWARTSTOWN PA

(Town, county, and state)

10. Usual occupation NURSE

## 11. Industry or business

FATHER 12. Name WILLIAM CAMPBELL

13. Birthplace PA

MOTHER 14. Maiden name ELIZABETH

15. Birthplace PA

16. Informant WALTER GEMMILL

Address White Hall Ind

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof JAN. - 1949  
(month) (day) (year)

Cemetery or crematory NORRISVILLE

Location WHITE HALL RURAL

18. Funeral director Howard S. Mackie

Address White Hall Ind

19. Jan 1  
(Date rec'd by registrar)

189 Thomas P. Brown

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD

County HARFORD

City or town WHITE HALL RURAL

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

NONE

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 30 1948 at 5 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 40 to 20. 40 1948

end that I last saw her alive on Dec. 30 1948

Immediate cause of death

Bronchitis - pneumonia

DURATION

Due to

Due to

Other conditions arterio-sclerotic

hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

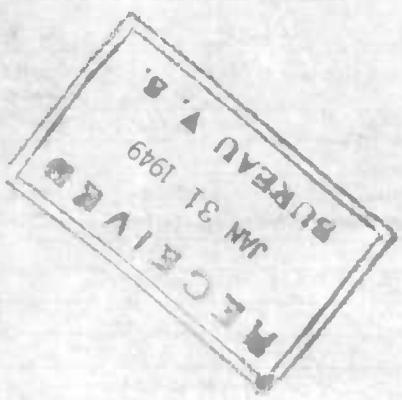
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Fairbury Ind Date signed 12/31/49



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12546

## CERTIFICATE OF DEATH

Reg. Dist. No. 185-

## 1. PLACE OF DEATH

County HanfordCity or town Hawkins Dr Bracks  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 days 33 yrsHospital, Institution, or street address where death occurred  
Hanford Memorial HospitalHow long in hospital or institution? 8 days

## 3. (a) FULL NAME

Churchman, Horace

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male white Married

6.(b) Name of husband or wife

Churchman, Dorothy

6.(c) If alive, give age 47 years

7. Birth date of deceased (mo. day, yr.)

JAN - 1 - 1898

8. AGE:

Years

Months

Days

If less than one day

8 hrs.

40 min.

9. Birthplace

(Town, county, and state)

Maryland

10. Usual occupation

Carpenter

11. Industry or business

12. Name Churchman, Amasa

13. Birthplace

Maryland

14. Maiden name

Matthews, Ernest

15. Birthplace

Maryland

16. Informant

Patient's Chart

Address

Dorothy P. Churchman

17. Burial

Rose Banks

(Burial, cremation, or removal. Which?)

Date thereof. 12/27/48

(month) (day) (year)

Cemetery or crematory

Location Near Rising Sun, Md.

18. Funeral director

Parmenter & Son

Address

Hancock Place

19. Date rec'd by registrar

Dec. 27 1948

(Date rec'd by registrar)

A. L. Lewis M.D.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HanfordCity or town Hawkins Dr Bracks  
(If outside city or town limits, write RURAL and give nearest town)Street No. 307 S. Washington  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

L.

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

24 December 1948 at 8:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

15 Feb.1948 to 24 Dec. 1948and that I last saw him alive on 24 Dec. 1948

Immediate cause of death

CongestiveHeart Failure

DURATION

2 weeksDue to Cardio Vascular DiseaseDue to Malignant Hypertension 4 yrs.Other conditions Renal Lithiasis 5 years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Daniel D. Daley

M. D. or other

Address Hancock Place Date signed Dec 27 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

170 C

12547

180

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County HarfordCity or town Oxford R.D. (near Bradshaw)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Calvin Daisy Corbin

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

MaleWhiteMarried

6.(b) Name of husband or wife

Jean Doreen Corbin

7. Birth date of deceased (mo., day, yr.)

Jan. 28, 19286.(c) If alive, give age 17 years

8. AGE:

Years 20Months 10Days 6

If less than one day

hrs. ..... min. .....

9. Birthplace

Roxbury W. Va

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

U.S. Govt Army Chemical Center

MOTHER

FATHER

12. Name

John E. Corbin

13. Birthplace

W. Va

14. Maiden name

Ella J. Shaughnessy

15. Birthplace

W. Va

16. Informant

Lee Corbin

Address

Box 265, Edgewood Maryland

17. Burial, cremation, or removal, Which?

Cremation Date thereof Dec. 5, 1948

(month) (day) (year)

Cemetery or crematory

B.A. Ciffin Funeral Director

Location

Bacon Bridge, W. Va

18. Funeral director

Howard R. McCormick & Son

Address

Aberdeen Maryland

19. Date rec'd by registrar

Dec. 5, 1948

19.

Mary Mouldall

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty HarfordCity or town Edgewood

(If outside city or town limits, write RURAL and give nearest town)

Street No. 54 Cedar St

(If rural, give LOCATION)

2.(a) If veteran, name war

World War II

## 3. (b) Social Security Number

234-36-6378

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 41948 st 1948

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19 to 19and that I last saw him alive on 1919

Immediate cause of death

massive Hemorrhage

DURATION

Due to Crushing injury of chest

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

ACCIDENT Date of 12/4/48

Where did injury occur

BALTIMORE

County

(State)

Injured at home, farm, industry, public place (where?)

Route #7

Means of Injury

Truck overturned

Injured at work?

No

23. SIGNATURE

John Lawrence M.D.

Spouse, medical or other

Address

Oberdean, IndDate signed 12/4/48

RECEIVED

DEC 7 1948

BUREAU U. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12548

## CERTIFICATE OF DEATH

Reg. Dist. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death.....

Hospital, institution, or street address where death occurred.....

How long in hospital or institution?

## 3. (a) FULL NAME

CHARLES FRANKLIN

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

## 2.(a) If veteran, name war.....

## 3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age ..... years

May 23 1948

8. AGE:

Years

Months

Days

If less than one day

.... hrs. .... min.

9. Birthplace.....

(Town, county, and state)

Md.

10. Usual occupation.....

none

11. Industry or business

Grocery

MOTHER FATHER

12. Name.....

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial, cremation, or removal, Which?

Date thereof..... Dec 15 1948  
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

Dec. 15

(Date rec'd by registrar)

John Howard

St. Louis

Md.

H. Howard Thibb

5 Ave. Moore Pa

Thomas R. Brown

Registrar

## CORBIN

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Dec 13

1948 at 8:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.....

19.....

and that I last saw h..... alive on

19.....

Immediate cause of death.....

Suffocation

Due to..... profuse aspiration of  
Vomitus

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results..... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

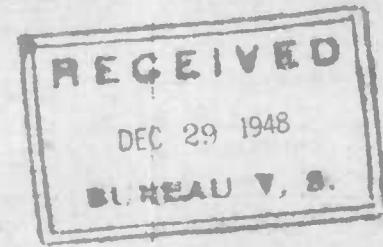
Injured at work?.....

23. SIGNATURE..... Dr. J. L. Lawrence

Physician and Examiner M. D. or other

Address..... Aberdeen, Md.

Date signed..... Dec 13 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12549

## CERTIFICATE OF DEATH

Reg. Dist. No. 180

93d

## 1. PLACE OF DEATH:

County Harford

City or town Joppa

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

Joppa Md.

How long in hospital or institution?

## 3. (a) FULL NAME

John H. Dietz

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widowed

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

Sept. 20<sup>th</sup> 1886

6. (c) If alive, give age..... years

8. AGE:

Year Months Days If less than one day  
62 2 23 hrs. min.

9. Birthplace Ba lto. Co. Md.

(Town, county, and state)

10. Usual occupation Black Layer

11. Industry or business 214-18-9026

12. Name Christian F Dietz

13. Birthplace

Christina Class

14. Maiden name

MOTHER

FATHER

15. Birthplace

Germany

Mrs. John H. Ehrman

Address

Joppa P.O. Harford Co. Md

Burial

Cremation

Removal

Date thereof

12 20 48

(month) (day) (year)

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9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12550

## CERTIFICATE OF DEATH

Reg. Dist. No. 181

420.1  
94a

## 1. PLACE OF DEATH:

County

Harford  
Haworth Grace - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

## 3. (a) FULL NAME

Murray Komahoo

4. Sex

5. Color or race

6. (Single, married, widowed, separated)

Male White Married

6. (b) Name of husband or wife

Oscina Komahoo

alive

6. (c) If alive, give age..... years

7. Birth date of deceased (mo. day yr.)

May 9, 1867

8. AGE: Years Months Days If less than one day

81 7 19 hrs. min.

9. Birthplace

Harford Co. Md.

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

James D. Komahoo

12. Name

Harford Co. Md.

13. Birthplace

Mary E. Gibson

14. Maiden name

Harford Co. Md.

15. Birthplace

Miss Mayfield Walker

16. Informant

Burial Date thereof Dec. 31 1948

(Burial month day year)

Cemetery or crematory

Keslyan Chapel Cem

Location

Harford Co. Md.

18. Funeral director

J. S. Bailey

Address

Darlington, Md.

19. Dec. 30, 1948 Births &amp; Deaths

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Street No.

2. (a) If veteran, name war

3. (b) Social Security Number

Mo

Mo

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 28 1948 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19. . to . 19. .

and that I last saw him alive on Dec. 28 1948

Immediate cause of death

Coronary sclerosis

Duration 1 hr.

Due to angina pectoris

Patient died within a few minutes

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

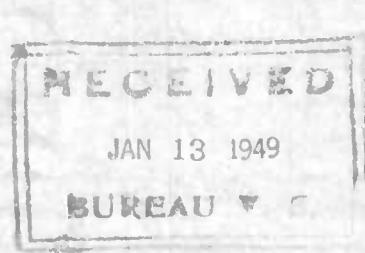
Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Tex. P. Thompson M. D. or other

Address Aberdeen, Md. Date signed Dec. 29/1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

92d

1255181

## 1. PLACE OF DEATH:

County..... Hartford  
 City or town..... Aberdeen, Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Mary Katherine Flowers

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife

Harry Flowers

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

JAN. 29th. 1870

8. AGE:

Years

Months

Days

11 less than one day

78 11 ..... hrs. ..... min.9. Birthplace..... Aberdeen, Hartford Co. Md.  
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

MOTHER FATHER 12. Name..... James Strong13. Birthplace..... Aberdeen, Hartford Co. Md.14. Maiden name..... Perrellie Allender15. Birthplace..... Aberdeen, Hartford Co. Md.16. Informant..... Mrs. Blanche BrandhoffAddress..... Aberdeen, Hartford Co. Md.17. Burial..... Burial Date thereof..... 1-2-1949  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or cemetery..... Wesleyan ChapelLocation..... Near Aberdeen, Md.18. Funeral director..... Henry Toring & SonsAddress..... Aberdeen, Hartford Co. Md.19. Date rec'd by registrar..... JAN 1 1949 Ellie H. Caley

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... HartfordCity or town..... Aberdeen Rural  
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Dec. 5 1948 at..... 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 31 1947 to Dec. 29 1948  
 and that I last saw him..... alive on Dec. 27 1948

Immediate cause of death.....

chronic valvular heart disease

DURATION

10 yrs

Due to.....

Due to.....

Other conditions.....

General atherosclerosis 5 yrs

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

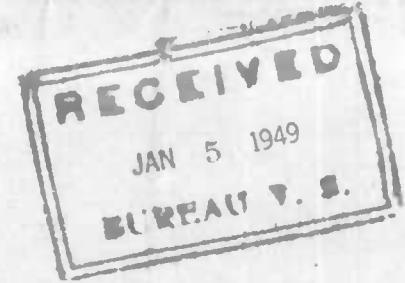
Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?.....

23. SIGNATURE.....

J. F. Magruder M. D. or other  
 Address..... Chesapeake Md. Date signed 12/31/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

83a : 12552

Reg. Dist. No. 182

## 1. PLACE OF DEATH:

County HarfordCity or town Bell Air

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs.Hospital, institution, or street address where death occurred: Vaughn's Hotel - main street

How long in hospital or institution?

## 3. (a) FULL NAME

Raymond Foard4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Feby 8 - 1892

6. (c) If alive, give age ..... years

8. AGE: Years 56 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
..... hrs. ..... min.9. Birthplace Upper Cox Rd.

(Town, county, and state)

10. Usual occupation Carpenter Work

11. Industry or business

12. Name Thomas R Foard  
13. Birthplace Md.14. Maiden name Annie Knight  
15. Birthplace Md.16. Informant L Clinton Foard  
Address Bell Air, Md17. Burial Burial Date thereof Dec 31/48  
(Burial, cremation, or removal. Which?) Date (month) (day) (year)Cemetery or crematory Fork Methodist  
Location Fork, Md18. Funeral director Joseph T Foster  
Address Bell Air, Md19. 12/30 48 Date (month) (day) (year)  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County HarfordCity or town Bell Air

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_ (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1948 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

end that I last saw h. alive on 19..... to 19.....

Immediate cause of death Cerebral Hemorrhage

DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results None Date of op. \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

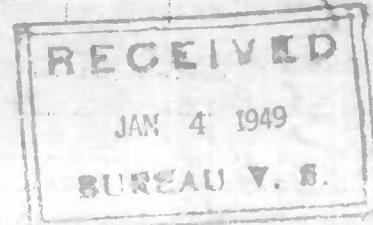
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Joe Lameray M.D. Dept. medical Examiner or otherAddress Aberdeen, Md Date signed 12/30/48



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12553  
108

Reg. Dist. No.

1. PLACE OF DEATH: **Harford**  
 County.....  
 City or town..... **Street, Rural**  
(If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **33 yrs.**  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State **Maryland** County **Harford**  
 City or town..... **Street, Rural**  
(If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

3. (a) FULL NAME  
**Carrie I. Grafton**

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6.(b) Name of husband or wife..... **Corbin A. Grafton**

7. Birth date of deceased (mo. day, yr.) **January 7, 1871**  
 .....(c) If alive, give age..... years

8. AGE: Years **77** Months **11** Days **17** If less than one day  
 .....hrs. .....min.

9. Birthplace..... **Harford Co. Md.**  
 (Town, county, and state)

10. Usual occupation..... **Housewife**

11. Industry or business

12. Name..... **Stephen W. Harkins**

13. Birthplace..... **Harford Co. Md.**

14. Maiden name..... **Sarah E. Michael**

15. Birthplace..... **Harford Co. Md.**

16. Informant..... **Mrs. Lamar McCann**

Address..... **Street, Md.**

17. Burial..... **Dublin cemetery**  
 (Burial, cremation, or removal. Which?) Date thereof..... **Dec. 26, 1948**  
 (month) (day) (year)

Cemetery or crematory..... **Dublin, Md.**

Location..... **Hubert P. Harkins**  
 Funeral director.....

Address..... **Delta, Pa.**

*Dec. 25 1948 C.P. Kirk*  
 (Date rec'd by registrar) *Registrar*

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... **December 24 1948**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 ..... to .....  
 and that I last saw her ..... alive on ..... **December 23 1948**

Immediate cause of death.....

*Labor protracted*

Due to.....

Due to.....

Other conditions.....

*Hypertensive*  
*cardio* *congestive*

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

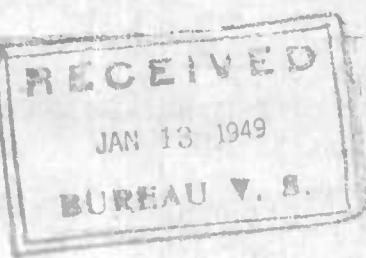
Injured at work?

23. SIGNATURE.....

*Bernie Dwyer*

M. D. or other

Address..... *CARDIFF Rd* Date signed *12-24-48*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12554

46b 182

Reg. Dist. No.

1. PLACE OF DEATH:  
County Harford  
City or town Forest Hill

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 36 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Frank Cressey Gray4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Mary a Gray7. Birth date of deceased (mo., day, yr.) May 5<sup>th</sup> 1877 6. (c) If alive, give age years8. AGE: Years 71 Months 7 Days 16 If less than one day hrs. min.9. Birthplace Jamestowne Harford co Md. (Town, county, and state)10. Usual occupation Florist.11. Industry or business Florist.MOTHER FATHER 12. Name Jacinta Gray13. Birthplace not known14. Maiden name Martha Jane Thurtz15. Birthplace Garnettsville Md16. Informant Mary a GrayAddress Forest Hill Md17. Burial Date thereof Dec 23 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CentreLocation Forest Hill Harford co Md18. Funeral director Martin G. ClarkAddress Jamestowne Md19. Date rec'd by registrar 12/22/48

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County HarfordCity or town Forest Hill (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Dec 1 - 1948 to Dec 21 1948and that I last saw him alive on Dec 20 1948

Immediate cause of death

Carcinoma of Stomach

Due to

Due to

Other conditions extreme Melastoma  
to liver

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

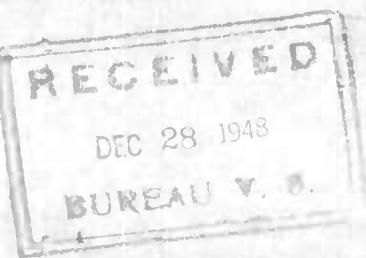
Mssns of Injury

Injured at work?

23. SIGNATURE Willard P. Hudson

M. D. or other

Address Forest Hill Md Date signed 12/21/48



Evidence for change of  
date and place of burial  
shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12555

FILM NO. G 118 JAN 17 1949

CERTIFICATE OF DEATH

182

Reg. Dist. No.

190

1. PLACE OF DEATH:

County

City or town Upper Cross Roads (Rural)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 Months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Corley Trigg

4. Sex

m

5. Color or race

w

6. (a) Single, married, widowed, or divorced

w

6. (b) Name of husband or wife

Flora May Hall Gullion

6. (c) If alive, give age years

June 9 - 1902

7. Birth date of deceased (mo. day. yr.)

8. AGE:

Years  
46

Months

Days

If less than one day

hrs. .... min.

9. Birthplace

Va. (Town, county, and state)

10. Usual occupation

Wood Work

11. Industry or business

12. Name C. T. Gullion

13. Birthplace Va.

14. Maiden name Lula Tibbs

15. Birthplace Va

16. Informant Mrs Flora M. Gullion

Address

Fallston

17. Burial

(Burial, cremation, or removal. Which?)

at Christian Harford Co Home

Cemetery or crematory

Location

Jefferson Harford Co Md Rural

18. Funeral director

Address

Joe T. Stiles  
Fallsburg Md

19. Date rec'd by registrar

12/28

1948

P. Bowd

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md

County Harford

City or town Upper Cross Roads

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

Gullion

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 26 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

19.

and that I last saw him alive on

Immediate cause of death

Exposure to cold

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

A accident

Date of 12/26/48

Where did injury occur?

Fallston

Harford Co

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Fell & struck to death

Injured at work? no

23. SIGNATURE

A Acting Deputy Medical Examiner M. D. or other

Address Bell Air, Md Date signed 12/26/48

RECEIVED  
DEC 30 1948  
BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12556

## CERTIFICATE OF DEATH

93d  
Reg. Dist. No. ....

185-

## 1. PLACE OF DEATH:

County HarpfordCity or town Sainte de Grace

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 hrsHospital, Institution, or street address where death occurred: Harpford Memorial HospitalHow long in hospital or institution? 4 hrs

## 3. (a) FULL NAME

GEORGEHAMILTON

## 4. Sex

M

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

S

## 6. (b) Name of husband or wife

..... 6. (c) If alive, give age .....

1866

## 7. Birth date of deceased (mo., day, yr.)

## 8. AGE:

82

Years

Months

Days

If less than one day

hrs.

min.

## 9. Birthplace

Howard Co Md

(Town, county, and state)

## 10. Usual occupation

Retired

## 11. Industry or business

## MOTHER FATHER

Wm Hamilton

## 13. Birthplace

Md

## 14. Maiden name

Mary Wickham

## 15. Birthplace

Md

## 16. Informant

Mrs Mary Rosson

## Address

Bellair Md

## 17. Burial

Burial

## Date thereof

Dec 27/48

(Burial, cremation, or removal - W (check))

## Cemetery or crematory

St Ignatius

## Location

Hudson

## 18. Funeral director

Joseph T Foster

## Address

Bellair Md

## 19. Dec. 23 1848

(Date rec'd by registrar)

G. L. Lewis M.D.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

## State

Md

## County

Harpford

## City or town

Waterloo Md

(If outside city or town limits, write RURAL and give nearest town)

## Street No.

(If rural, give LOCATION)

## 2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

22 Dec

1948

al 9<sup>30</sup> P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

22 Dec

1945

to 22 Dec 1948and that I last saw h. m. alive on 22 Dec 1948

## Immediate cause of death

Acute pulmonary edemaDue to Hypertensive CVD & chronic failure

## Due to

Other conditions Not known

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

R. R. Morneau M.D.

M. D. or other

Address House de Grace Date signed 12-22-48

1866  
28  
SFB



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2557

## CERTIFICATE OF DEATH

Reg. Dist. No. 185-

## 1. PLACE OF DEATH:

County... HARFORD

City or town... Hause-de GRACE

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 hrs. 11 min.

Hospital, institution, or street address where death occurred:

HARFORD Memorial Hospital

How long in hospital or institution? 4 hrs - 11 min

## 3. (a) FULL NAME

Hopkins, Ella Hollis

4. Sex

5. Color of race

6.(a) Single, married, widowed, or divorced

Female White married.

6.(b) Name of husband ~~wife~~ J. Fletcher Hopkins

7. Birth date of deceased (mo., day, yr.)

Dec. 16-1881

6.(c) If alive, give age years

8. AGE:

Years  
67

Months

Days

If less than one day

hrs. .... min.

9. Birthplace

MARYLAND

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

Jacob Hollis

MOTHER FATHER

12. Name

Jacob Hollis

13. Birthplace

MARYLAND

14. Maiden name

Catherine Elliott

15. Birthplace

MARYLAND

16. Informant

45 Chart

Address

Hause-de Grace

17. Burial

Darlington Cemetery

Cemetery or crematory

Maryland

Location

Henry Terring &amp; Sons

18. Funeral director

Aberdeen Md.

Address

Dec. 13 1948 A. L. Lewis M.D.

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MARYLAND County... HARFORD

City or town... Perryman  
(If outside city or town limits, write RURAL and give nearest town)Street No....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

12-10

19. 48 at 9 24 M

21. I CERTIFY that death occurred on the date above stated: That I attended deceased from  
12-10 19. 48 to 12-10 19. 48

and that I last saw him alive on 12-10 19. 48

Immediate cause of death: Cerebral Embolism

DURATION

3 days

Due to: Cardio-Vascular Hypertension

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings or operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.

Richard C. Hayden  
M.D. deceased  
Address: Hause-de Grace Md. Date signed: Dec. 10-48

RECEIVED

DEC 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

12558

Reg. Dist. No. 185-

## CERTIFICATE OF DEATH

1. PLACE OF DEATH: **Harford**  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **45 years**  
 Hospital, institution, or street address where death occurred:  
**563 Congress Ave.**,  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State **Maryland** County **Harford**  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **563 Congress Ave.**,  
 (If rural, give LOCATION)

2.(a) If veteran name war.....

3. (b) Social Security Number

3. (a) FULL NAME

**Annie E. Jackson**

4. Sex	5. Color or race	6.(a) Single, married, widowed or divorced
<b>Female</b>	<b>White</b>	<b>Widowed</b>

6.(b) Name of husband or wife	<b>George W. Jackson</b>		
<b>Deceased</b>			

7. Birth date of deceased (mo., day, yr.)	Sept 9, 1860		
---	--------------	--	--

8. AGE:	Years	Months	Days	If less than one day
<b>88</b>	<b>3</b>	<b>7</b>		

9. Birthplace	<b>Principio Furnace, Cecil, Md.</b>		
(Town, county, and state)			

10. Usual occupation	<b>Housewife</b>		
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11. Industry or business	<b>Own Home</b>		
<b>John Ward</b>			

12. Name	<b>Cecil Co., Md.</b>		
<b>Rebecca Craig</b>			

13. Birthplace	<b>Cecil Co., Md.</b>		
<b>Eleanor Fleming</b>			

14. Maiden name	<b>Rebecca Craig</b>		
<b>Cecil Co., Md.</b>			

15. Birthplace	<b>Cecil Co., Md.</b>		
<b>Eleanor Fleming</b>			

16. Informant	<b>563 Congress Ave. Havre de Grace</b>		
Address	<b>Md.</b>		

17. Burial	Date thereof	(month)	(day)	(year)
<b>Burial</b>	<b>Dec. 19, 1948</b>			

Cemetery or crematory	<b>Principio Cemetery</b>		
Location	<b>Principio Furnace, Md.</b>		

18. Funeral director	<b>John Patterson &amp; Son</b>		
Address	<b>Perryville, Md.</b>		

19. (Date rec'd by registrar)	<b>Dec. 18</b>	<b>19 48</b>	<b>G. L. Lewis M.D.</b>
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Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH **Dec 16 1948 at 3:30 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

**Jan 10 1948 to Dec 16 1948**and that I last saw her alive on **Dec 16 1948**

Immediate cause of death

**Arteria Occlusion****Chronic Myocarditis**Due to **Sensitization**

Due to

Other condition **Cardiac Failure**

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURES M. D. or other

Address

Date signed



10083

M

1

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12559

## CERTIFICATE OF DEATH

Reg. Dist. No. 182

93d

## 1. PLACE OF DEATH:

County.....

Harford

City or town.....

Bel Air Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Jacob Fife Jones

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W D.

6. (b) Name of husband or wife.....

Daisy H Jones

7. Birth date of deceased (mo., day, yr.)

Feb 6 14 - 1873

6. (c) If alive, give age..... years

8. AGE:

Years  
75

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....

Harkins Shop Harford Co., Md

(Town, county, and state)

10. Usual occupation.....

Carpenter

11. Industry or business

12. Name.....

Joshua B. Jones

13. Birthplace.....

Md.

14. Maiden name.....

Marinda Hawkins

15. Birthplace.....

Md

16. Informant.....

Mrs Geo Young

Address

Bel Air, Md.

17. Date thereof.....

Dec 19 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Mt Olivet Methodist

Location.....

Mt Olivet Pa

18. Funeral director.....

Jno J Fife

Address

Bel Air Md

19. (Date rec'd by registrar)

12/19

1948

P Towmwood

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Harford

City or town.....

Bel Air Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Dec 15 1948 at 6:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 13 1948

to Dec 15 1948

and that I last saw h. m. alive on Dec 15 1948

DURATION

Immediate cause of death.....

Jones

Atherosclerotic CV disease

6 mo.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

Gerald C Palmer M.D.

M. D. or other

Address.....

Bel Air Md

Date signed.....

12/17/48

RECEIVED  
DEC 20 1948  
BUREAU F. B. I.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

## CERTIFICATE OF DEATH

Reg. Dist. No.

12560  
82

## 1. PLACE OF DEATH:

County.....

Harford  
Streett, Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 84 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

## 3. (a) FULL NAME

Sarah E. Kennedy

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white married  
Charles F. Kennedy

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo. day, yr.)

Dec. 7 - 1864

8. AGE:

Years

Months

Days

If less than one day

84 0 1 hrs. min.

9. Birthplace

Harford Co. Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Benjamin Rydon

12. Name

Harford Co. Md.

13. Birthplace

Sarah J. Anne

14. Maiden name

Harford Co. Md.

15. Birthplace

Mrs. Effie Gunther

16. Informant

Forest Hill, Md.

Address

Burial

Date thereof Dec. 11-1948  
(month) (day) (year)

17. Cemetery or crematory

Highland Cemetery

Location

Streett, Md.

18. Funeral director

Hubert P. Hartman

Address

Delta, Pa.

Dec. 10, 1948

C. H. Kirk

Registrar

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Harford

City or town..... Streett, Rural  
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 8

19. 48 at 11:50 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 23

19. 47 to November 22 19. 48

and that I last saw her alive on November 22

19. 48

Immediate cause of death

Senility

DURATION

2 yrs.

Due to

Due to

Other conditions Cerebral arteriosclerosis 10 yrs.

10 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

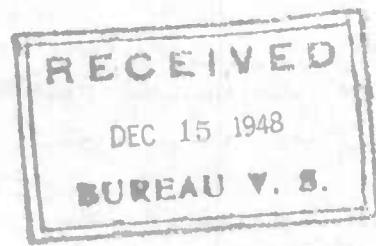
23. SIGNATURE

Robert Barthel MD M. D. or other

Address Forest Hill, Maryland Date signed 12-9-48

MARGIN RESERVED FOR BINDING

I  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.T  
VS A15 9-45-15  
12560  
82



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This certificate age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12561

## CERTIFICATE OF DEATH

Reg. Dist. No. 182

## 1. PLACE OF DEATH:

County.....

City or town.....

*Harford**Bell Ave. Md.*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

*30 years*

Houpile, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

*Rosa Belle Kumble*

## 4. Sex

*F*

## 5. Color or race

*W*

## 6. (a) Single, married, widowed, or divorced

*W*

## 8. (b) Name of husband or wife

*Franklin W Kumble*

6. (c) If alive, give age..... years

## 7. Birth date of deceased (mo., day, yr.)

*7/14-1860*

## 8. AGE:

Years  
*88*

Month

Days

If less than one day

hrs.

min.

## 9. Birthplace

*Harford Co.*

(Town, county, and state)

## 10. Usual occupation

*Retired*

## 11. Industry or business

*Thomas W Wilkinson*

MOTHER FATHER

12. Name



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

442  
131a12562  
183

Reg. Dist. No.

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County... Hanford  
City or town White Hall Rd.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 mo

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Florence V. Leonard

## 4. Sex

## 5. Color or race

## 6.(a) Single, married, widowed, or divorced

Female Widow  
Name of husband or wife Mrs. D. Leonard7. Birth date of deceased (mo., day, yr.) May 22 1895

6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 52 Months 7 Days 5 If less than one day hrs. . . . . min.9. Birthplace Bethel Am Hanford Md  
(Town, county, and state)10. Usual occupation House maid11. Industry or business Private homeMOTHER FATHER 12. Name not known13. Birthplace not known14. Maiden name not known15. Birthplace not known16. Informant Mary E JonesAddress White Hall Rd. Md.17. Burial Buried  
(Burial, cremation, or removal. Which?) Date thereof Dec 30-48  
(month) (day) (year)Cemetery or crematory Fairview (coast)Location Forest Hill Md18. Funeral director Martin's CremAddress Jarretsville Md19. Date rec'd by registrar Dec 30 1948 Thomas R Brown  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County HanfordCity or town Peytonsburg  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1948 at 7:55 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 1948 to Dec 27 1948and that I last saw her alive on Dec 27 1948Immediate cause of death Cardio-vascularrenal disease

DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. M. FranceM. D. \_\_\_\_\_  
Address Carltown, Md Date signed 12/27/48



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12563

182

## CERTIFICATE OF DEATH

Reg. Dist. No.

50

## 1. PLACE OF DEATH:

County..... **Harford**  
 City or town..... **Bel Air, Md. Rural**

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **3 weeks**

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

**Ida F. Mayberry**4. Sex **Female** 5. Color or race **white** 6.(a) Single, married, widowed, or divorced **married**6.(b) Name of husband or wife **John O. Mayberry**6.(c) If alive, give age **62** years  
7. Birth date of deceased (mo., day, yr.) **June 19, 1883**8. AGE: Years **65** Months **5** Days **16** If less than one day  
hrs. ..... min. ....9. Birthplace **Ash Co. N. C.**  
(Town, county, and state)10. Usual occupation **Housewife**

## 11. Industry or business

12. Name **Benjamin Hudler**13. Birthplace **Texas**14. Maiden name **Susan Blevins**15. Birthplace **Ash Co. N. C.**18. Informant **John O. Mayberry**Address **Jarrettsville, R. D. Md.**

## 17. Burial

Date thereof **Dec. 8, 1948**  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory **Oak Grove cemetery**Location **Near Bel Air, Md.**18. Funeral director **Hubert P. Harkins**Address **Delta, Penna.**19. **12/6 48 P Frwrd**  
(Date recd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State **Maryland** County **Harford**City or town **Jarrettsville, Rural**  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH **December 5, 1948** at **12 Noon**21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**Dec. 4, 1948** 19..... to **Dec. 4, 1948** 19.....and that I last saw h. o.r. alive on **Dec. 4, 1948** 19..... to **Dec. 4, 1948** 19.....

## Immediate cause of death

**Carcinoma of left breast**

## DURATION

**6 years**

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

## 23. SIGNATURE

**Robert Barthol MD**

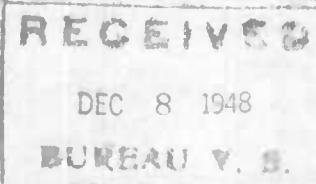
M. D. or other

Forest Hill, Maryland

Date signed

12/6/48

Address



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d  
12564

## CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: Harford  
 County: Harford Grace

City or town: Harford Grace  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 yrs

Hospital, institution or street address where death occurred:  
616 W. Adams St.

How long in hospital or institution?

3. (a) FULL NAME Anna Lavinia McCullough

4. Sex Female Color or race White Single, married, widowed, or divorced Widowed

5. (b) Name of husband or wife Wm. J. McCullough

6. Birth date of deceased (mo., day, yr.) July 22 1866

7. Age: Years 82 Months 5 Days 6 It less than one day hrs. min.

8. Birthplace Cecil Co. Md. (Town, county, and state) House Duties

9. Usual occupation Retired

10. Industry or business Stephen Crouch

11. Name Mrs. Ruth Hopkins

12. Maiden name Rachel Lake

13. Birthplace Md.

14. Address Harford Grace, R.O. #1

15. Burial Burial Date thereof Dec 31 1948 (month) (day) (year)

(Burial, cremation, or removal. Which?) Cemetery or crematory Hart Methodist Ch. Cem.

Location Cecil Co. Md.

16. Funeral director J. Madison Mitchell

Address Harford Grace, Md.

Date rec'd by registrar Dec. 29 1948 Registrar G. L. Lewis

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State Md. County Harford

City or town Harford Grace (If outside city or town limits, write RURAL and give nearest town)

Street No. 616 W. Adams St. (If rural, give LOCATION)

2. (a) If veteran, name war —

3. (b) Social Security Number —

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1948 at 10<sup>10</sup> M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1948 to Dec. 28 1948 and that I last saw her alive on Dec 28 1948.

Immediate cause of death Auto fatigue

Due to Fallen off roof

Due to hypertension

Due to atrial fibrillation

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

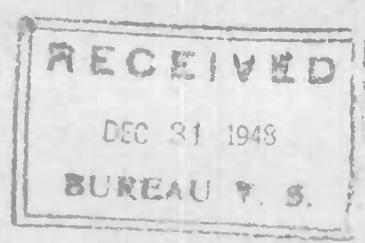
Where did injury occur? — (City or town) — (County) — (State) —

Injured at home, farm, industry, public place (where?) —

Manner of injury — Injured at work? —

23. SIGNATURE E. J. Simon M. D. or other —

Address Harford Grace Date signed Dec. 29 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12565

## CERTIFICATE OF DEATH

180

Reg. Diat. No.

## 1. PLACE OF DEATH:

County

Herford

City or town

Doppa R.D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death

14 month

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Julia Mc Knight

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female Colored Married

Adam Mc Knight

6. (b) Name of husband or wife

6. (c) If alive, give age years

- 1901 -

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days It less than one day hrs. min.

9. Birthplace

Jackson Co. Ark

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Isaac Hobbs

12. Name

Alabama

13. Birthplace

Mary Jane Lofton

14. Maiden name

Ark

15. Birthplace

Adam Mc Knight

16. Informant

Doppa R.D. Md

Address

Burial Date thereof Dec 21 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Marysville Baptist

Location

Doppa R.D. Md

18. Funeral director

Howard L. McNamee C.S.C.

Address

Abingdon Maryland

Dec 21 1948 Name M. M. Muldale

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Herford

City or town Doppa R.D.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

Dec 17 1948 at 610 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 2 1948 to Dec 17 1948

and that I last saw her alive on Dec 17 1948

Immediate cause of death

cerebral hemorrhage

Due to

hypertension

(cardio vascular renal)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work

23. SIGNATURE

Fred O Hodson MD M. D. or other

Address

Edgewood MD

Date signed Dec 17 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12566

## CERTIFICATE OF DEATH

93d Reg. Dist. No. 182

## 1. PLACE OF DEATH:

County.....

Harford

City or town.....

Poplar Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

Charles Albert Middendorf

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower

B. (b) Name of husband or wife.....

Lou Margaret Kleg Middendorf

7. Birth date of deceased (mo., day, yr.)

July 2-1872

(6. c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

76 5 8

hrs. min.

9. Birthplace.....

Poplar Md.

(Town, county, and state)

10. Usual occupation.....

Farmer

11. Industry or business.....

Ferry Middendorf

12. Name.....

Alessandra Everett

13. Birthplace.....

Harford Co. Md.

14. Maiden name.....

Ghast. N. Middendorf

15. Birthplace.....

Poplar Md.

16. Informant.....

Burfield

17. (Burial, cremation, or removal. Which?)

Date thereof..... Dec 13. 1948

(month) (day) (year)

(month) (day) (year)

Cemetery or crematory.....

Poplar Md.

Location.....

Benson Md.

18. Funeral director.....

John Archibald

Address.....

Benson Md.

19. (Date rec'd by registrar).....

12/12 1948 P. Townsend

(Date rec'd by registrar).....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

Harford

City or town.....

Poplar - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Tucker Woods

(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Dec 7 1948

at 4:55 P.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 7

1948

to Dec. 10 1948

and that I last saw him alive on

Dec. 7

1948

Immediate cause of death.....

Coronary Thrombosis

Due to.....

Coronary Sclerotic

Heart Disease

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

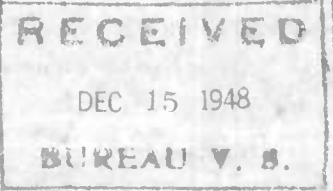
23. SIGNATURE

M. D. or other

Address.....

Date signed.....

12/11/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If the correct age is especially important, Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12567

## CERTIFICATE OF DEATH

443

93d

Reg. Dist. No. 183

## 1. PLACE OF DEATH:

County *Harford*City or town *Jarrettsville*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

*Thomas Rush Nelson*

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*m**w**widower*

6. (b) Name of husband or wife

*Elizabeth Street Nelson*

(If alive, give age years)

7. Birth date of deceased (mo., day, yr.)

*Aug. 2, 1864*

8. AGE:

Years

Months

Days

If less than one day

*84**4**22*

hrs.

min.

9. Birthplace

*Monkton, Md.*

(Town, county, and state)

10. Usual occupation

*Farmer*

11. Industry or business

*Retired*

12. Name

*Joshua Nelson*

13. Birthplace

*Monkton, Md.*

14. Maiden name

*Ellen Daper*

15. Birthplace

*Monkton, Md.*

16. Informant

*Joshua Nelson*

Address

*Jarrettsville, Md.*

17. Burial

Date thereof *Oct. 26, 1948*

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

*Bethel*

Location

*Madonna, Har Co., Md.*

18. Funeral director

*Martin G. Kirby*

Address

*Jarrettsville, Md.*

19. Date rec'd by registrar

*Dec. 26 1948 Thomas P. Brown*

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md.*

County

*Harford*

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

*December 24 1948 at 3:30 p.m.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*November 9, 1948 to Dec. 24, 1948*and that I last saw him alive on *Dec. 24, 1948*

Immediate cause of death

*Congestive Heart Failure*Due to *Arterio-venous fistulae* *that disease*

DURATION

*Several years*

Due to

Other conditions *Pneum - Cholangiitis* *duration: 1 month*

(Include pregnancy within 3 months of death)

Major findings of operations *None*

Date of op.

*None*Autopsy results *None*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

*James Joshua J. S. M.D.*

M. D. or other

Address

*Jarrettsville, Md.*Date signed *12-24-48*



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12568

## CERTIFICATE OF DEATH

170 C  
Reg. Dist. No. 185-

## 1. PLACE OF DEATH:

County HARFORD

City or town Hause de GRACE

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harford Memorial Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Viola L.

HARDY Nelson

## 3. (b) Social Security Number

## 4. Sex

Female Colored Married

## 5. Color or races

## 6. (a) Single, married, widowed, or divorced

## 8. (b) Name of husband or wife

James Nelson

## 6. (c) If alive, give age years

## 7. Birth date of deceased (mo. day, yr.)

November 30<sup>th</sup> 1925

## 8. AGE:

Years 23 Months 11 Days      It less than one day      hrs.      min.

## 9. Birthplace

Aberdeen Harford Co. Md.

(Town, county, and state)

## 10. Usual occupation

House worker

## 11. Industry or business

Ronald Nelson.

## MOTHER FATHER

Name.....

## 13. Birthplace

Unknown.

## 14. Maiden name

Sadie Hardy

## 15. Birthplace

Aberdeen Md.

## 16. Informant

Rayland Hardy

## Address

Aberdeen, Md.

## 17. Burial

Date thereof Dec. 22, 1948

(Burial, cremation, or removal. Which?)

## Cemetery or crematory

Mt Calvary

## Location

near Aberdeen,

## 18. Funeral director

Henry Tacing &amp; Sons

## Address

Aberdeen Md.

19. Dec. 20, 1948 A. G. Lewis M.D.  
(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HARFORD

City or town Aberdeen MD

(If outside city or town limits, write RURAL and give nearest town)

Street No. Edmund St.

(If rural, give LOCATION)

## 2. (a) If veteran, name war

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Dec. 19 1948 at 4:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.....

10.....

and that I last saw him alive on

Immediate cause of death

Fracture of skull

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide Accident Date of Dec. 19, 1948

near

Where did injury occur? Hause de Grace HARFORD 2nd

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) U.S. Posto # 40

Means of injury Car struck abutment Injured at work? Yes

## 23. SIGNATURE

Dr. Lausen M.D. Deputy medical Examiner for other

Address Aberdeen, Md. Date signed 12/19/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12569

## CERTIFICATE OF DEATH

Reg. Dint. No. 182

93d

1. PLACE OF DEATH: Harpford  
 County Baltimore Royal

City or town Bel Air (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, Institution, or street address where dead occurred:

How long in hospital or institution?

3. (a) FULL NAME

Joseph Riley

4. Sex m 5. Color or race w 6.(a) Single, married, widowed, or divorced s

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) May 10-1886

6.(c) If alive, give age ..... years

8. AGE: Years 62 Months Days If less than one day hrs. min.

9. Birthplace Chicago Ill.

(Town, county, and state)

10. Usual occupation Farm Hand

11. Industry or business Frank Riley

MOTHER FATHER  
12. Name Mary Berry 13. Birthplace Ill

14. Maiden name Mary Berry 15. Birthplace Ill

16. Informant Clark Fitzpatrick Address Bel Air, Md

17. Burial Burial Date thereof Dec 27/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Harpford Cemetery

Location Bel Air, Md Rural

18. Funeral director Joseph T. Foster Address Bel Air, Md

19. 12/24/48 Date rec'd by registrar Forward

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State Md County Harpford

City or town Riviera - Bel Air (If outside city or town limits, write RURAL and give nearest town)

Street No. Almshouse (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1948 11:00 A.M.

21. I CERTIFY that death occurred on the date above stated: That I attended deceased from

Dec 1-1948 to Dec 24 1948

and that I last saw him alive on Dec 22 1948

Immediate cause of death Coronary Thrombosis DURATION 8 days

Due to Terminating

the myocardial disease

Due to With decompensation

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? .....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Manner of injury .....

Injured at work? .....

23. SIGNATURE Wellard P. Hudson, M.D.

M. D. *[Signature]*

Address Forest Hill, Maryland Date signed 12/24/48

RECEIVED  
DEC 30 1948  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12570

## CERTIFICATE OF DEATH

182

Reg. Dist. No.

1. PLACE OF DEATH: Harford Co  
 County Fallston  
 City or town (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State Md. County Baltimore  
 City or town (If outside city or town limits, write RURAL and give nearest town)  
 Street No. World War 2 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

212-20-0242

3. (a) FULL NAME Herbert Rutherford Schad

4. Sex <u>Male</u>	5. Color or race <u>white</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>	
6. (b) Name of husband or wife <u>Dorothy J Cypull</u>		5. (c) If alive, give age <u>19</u> years	
7. Birth date of deceased (mo., day, yr.) <u>Feb 18 1925</u>			
8. AGE: Years <u>23</u>	Months <u>9</u>	Days <u>27</u>	If less than one day hrs. _____ min. _____
9. Birthplace <u>Balto. Md</u> (Town, county, and state)			
10. Usual occupation <u>Driver &amp; gatherer</u>			
11. Industry or business <u>Lawn Co</u>			
12. Name <u>John S. Schad</u>			
13. Birthplace <u>Balto. Md</u>			
14. Maiden name <u>Helen Rutherford</u>			
15. Birthplace <u>Balto. Md</u>			
16. Informant <u>John S. Schad</u>			
Address <u>3606 Forest Grove Ave</u>			
17. Burial Date thereof <u>Dec 18 1948</u> (Burial, cremation, or removal. Which?)			
Cemetery or crematory <u>Meadow Ridge Memorial</u>			
Location <u>Dorsey, Md</u>			
18. Funeral director <u>Henry W. Jenkins, Son Co</u>			
Address <u>4905 York Rd, Balt. 12</u>			
19. (Date rec'd by registrar) <u>12/16/48</u> Adm. Hedgesch. <u>J. M.</u> Registrar			

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 15 1948 at 12<sup>30</sup>P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw him alive on

Immediate cause of death

Gunshot wound left chest

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. 1. accident Date of 12/15/48Where did injury occur? Fallston, Harford (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Home 200 W. CarrollMeans of injury Shot by small boy Injured at work? YesGerald C. Palmer M.D.  
Acting Medical Examiner  
Harford County23. SIGNATURE A. J. Hedgesch. M. D. or otherAddress Baltimore, Md. Date signed 12/15/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12571

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

## CERTIFICATE OF DEATH

Reg. Dist. No. 185-

## 1. PLACE OF DEATH

County

Harford

City or town

Havre de Grace

(If outside city or town limits, write RURAL and give nearest town)

13 yrs.

How long in above place of death?

Hospital, Institution, or street address where death occurred

Harford Memorial Hosp.

How long in hospital or institution?

10 days

## 3. (a) FULL NAME

SILLS, James

## 4. Sex

## 5. Color or race

## 6.(a) Single, married, widowed, or divorced

Male white Widowed

## 6.(b) Name of husband or wife

Anna Swift Sills (deceased)

6.(c) If alive, give age years

## 7. Birth date of deceased (mo., day, yr.)

Sept. 15, 1870

## 8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

## 9. Birthplace

Harford Furnace, Md.

(Town, county, and state)

## 10. Usual occupation

Retired Can Co. Manager

## 11. Industry or business

Wm. T. Sills

## MOTHER FATHER

Harford Furnace, Md.

## 12. Name

Priscilla Barnaby

## 13. Birthplace

## 14. Maiden name

Kent Co. Md.

## 15. Birthplace

Mrs. Joseph Dye

## 16. Informant

715 Market, St. Havre de Grace.

## Address

## Burial

Date thereof 12/5/48

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Angel Hill

## Cemetery or crematory

## Location

Havre de Grace, Md.

## 18. Funeral director

Pennington &amp; Son

## Address

Havre de Grace, Md.

## 19. Date rec'd by registrar

Dec. 4

19 48

A. L. Lewis M.D.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Harford

State

City or town

Havre de Grace

Street No.

715 S. Market

(If rural, give LOCATION)

## 2.(a) If veteran, name war

James Elias Sills

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

December 3 1948 at 10<sup>30</sup>A.M.

21. I CERTIFY that death occurred on the date above stated: That I attended deceased from

23 Nov

1948

to 3 Dec

1948

and that I last saw h. l. M. alive on

3 Dec

1948

## Immediate cause of death

Cardio-respiratory failure

Due to Hypertensive-arteriosclerotic  
cardiovascular disease

Due to Smutty

Other conditions Fracture of right  
ilium

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 11/21/48

Where did injury occur 715 Havre de Grace, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fell down steps Injured at work? No.

## 23. SIGNATURE

R. B. Morment M.D.

M. D. or other

Address

Havre de Grace, Md.

Date signed 3 Dec 48

RECEIVED  
DEC 7 1948  
BUREAU F. B.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12572

## CERTIFICATE OF DEATH

164 C  
Reg. Dist. No. 181

## 1. PLACE OF DEATH:

County.....

Aberdeen, Harford.

City or town.....

Rural.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Life

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

William JAMES SINGLETON

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife.....

Margaret Mulligan

6.(c) If alive, give age..... 27 years

7. Birth date of deceased (mo., day, yr.)

June 5th. 1918

8. AGE:

Years  
30Months  
6

Days

If less than one day  
..... hrs. ..... min.

9. Birthplace..... Aberdeen, Harford Co. Md.

(Town, county, and state)

10. Usual occupation.....

Day laborer

11. Industry or business

12. Name..... Frank W. Singleton

13. Birthplace..... Aberdeen, Harford Co. Md.

14. Maiden name..... Billie J. Sullivan

15. Birthplace..... Aberdeen, Harford Co. Md.

16. Informant..... Frank W. Singleton

Address..... Aberdeen, Harford Co. Md.

17. Burial..... Date thereof..... 1-3-1949  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Belcher's

Location..... Aberdeen, Rural

18. Funeral director..... Henry Turring &amp; Sons

Address..... Aberdeen, Harford Co. Md.

19. Jan 1 1949  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Harford

City or town..... Aberdeen

Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

2.(a) If veteran, name war..... World War II

(If rural, give LOCATION)

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... DEC 29

1948, at 3:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to ..... 19.....

and that I last saw h..... alive on .....

19.....

Immediate cause of death.....

Gunshot Wound of Chest

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results..... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Suicide Date of Dec 29, 1948

Where did injury occur?..... near Aberdeen, Harford 2nd. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... Home

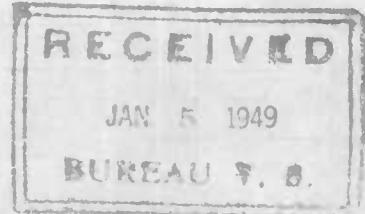
Means of injury..... 400 G. Shotgun Injured at work? No

23. SIGNATURE.....

John Lawrence M.D.  
deputy medical Examiner M.D. or other

Address..... Aberdeen, Md.

Date signed Dec 29, 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12573

## CERTIFICATE OF DEATH

Reg. Dlat. No. 181

1. PLACE OF DEATH: Harford.  
 County.....  
 City or town Rural - Aberdeen  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, Institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State Maryland County Harford  
 City or town Rural - Near Aberdeen  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Bushy Charles Road  
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

3. (a) FULL NAME  
James Thomas Strong  
 4. Sex Male Color or race White B. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Ida Ayers

7. Birth date of deceased (mo., day, yr.) Dec. 12th 1863 6. (c) If alive, give age ..... years

8. AGE: Years 84 Months 11 Days  If less than one day  hrs.  min.

9. Birthplace Harford Co. Md.  
 (town, county, and state)

10. Usual occupation Day Labourer

11. Industry or business Farming

12. Name James Strong

13. Birthplace Harford Co. Md.

14. Maiden name Priscilla Alexander

15. Birthplace Harford Co. Md.

16. Informant Mrs. Elizabeth D. Strong

Address Aberdeen, Md. P.D.

17. Burial Burial Date thereof Dec. 8 1948  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Besleyan Chapel

Location Near Aberdeen, Md.

18. Funeral director Henry Tarrin & Sons

Address Aberdeen, Md.

19. Dec. 8 1948 Nellie H. Riley  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5th 1948 at 10:00 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 1948 to December 5 1948

and that I last saw him alive on December 1 1948

Immediate cause of death General

hemorrhage

Due to General Arteria -

Sclerosis

Due to .....

Other conditions .....

(Include pregnancy within 8 months of death)

Major findings at operation..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? .....

(City or town) (County) (State)

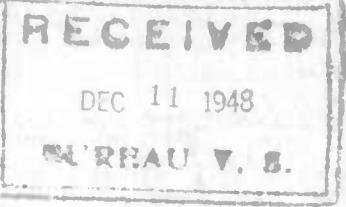
Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work? .....

23. SIGNATURE J. J. Magrath M. D. ....

Address Edgewood Md. Date signed Dec 7 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12574

## CERTIFICATE OF DEATH

182

Reg. Dist. No. 83a

## 1. PLACE OF DEATH:

County.....

City or town.....

*Harford  
Bel Air*  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

*37 yrs*

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

*FLORENCE GRACE TAYLOR*

## 4. Sex

*f.*

## 5. Color or race

*w*

## 6. (a) Single, married, widowed, or divorced

*Married*

## 6. (b) Name of husband or wife.....

*C. Bland Taylor*

## 7. Birth date of deceased (mo., day, yr.)

*Mar. 24, 1886*

.....(c) If alive, give age..... years

## 8. AGE:

Years	Months	Days	If less than one day
62	8	21	hrs. min.

## 9. Birthplace.....

*Carney, Balto Co. Md.*

(Town, county, and state)

## 10. Usual occupation.....

*Housewife*

## 11. Industry or business

*Howell P. Germantown*

## MOTHER

*FATHER*

12. Name.....

*Hamilton, Gaith Co. Md.*

## 13. Birthplace.....

*Catherine P. Stahl*

## 14. Maiden name.....

*Baltimore*

## 15. Birthplace.....

*C. Bland Taylor*

## 16. Informant.....

*Jarrettsville, Md.*

## Address.....

*Burial*

Date thereof.....

*Dec. 17 1948*

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory.....

*Jarrettsville*

## Location.....

*Martin G. Kurs*

## 18. Funeral director.....

*Jarrettsville, Md.*

## Address.....

*P. Fowood*

19. (Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

*Md.*

County.....

*Harford*

City or town.....

*Bel Air*

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

*approx.*

## 2D. DATE OF DEATH

*Dec. 13*

19. at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw him alive on

19.

## Immediate cause of death

*CEREBRAL HEMORRHAGE*

DURATION

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

*None*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

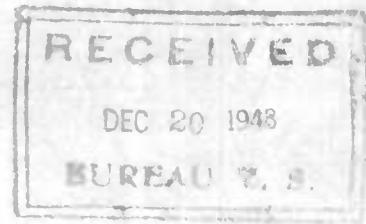
Name of injury Injured at work?

## 23. SIGNATURE

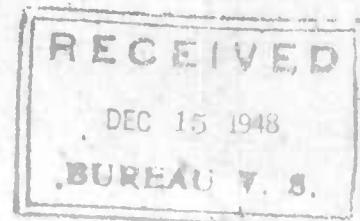
*J. Lameray M.D.*

Deputy medical Examiner or other

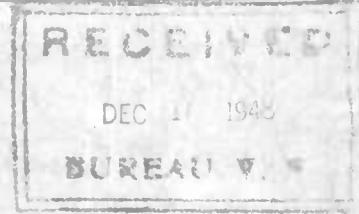
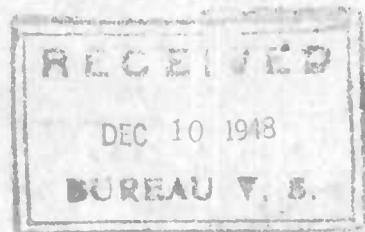
Address..... Date signed 12/15/48











PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12577

## CERTIFICATE OF DEATH

Reg. Dist. No. 182

## 1. PLACE OF DEATH:

County

City or town

Harford  
Whiteford

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 64 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male white married

6. (b) Name of husband or wife

Mary B. Whiteford

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1884

6. (c) If alive, give age years

8. AGE: Years 64 Months 11 Days 14 If less than one day hrs. min.

9. Birthplace Harford Co. Md.

(Town, county, and state)

10. Usual occupation Farmer &amp; Farmer

## 11. Industry or business

12. Name H. Scott Whiteford

13. Birthplace Harford Co. Md.

14. Maiden name Malissa J. McConkey

15. Birthplace York Co. Pa.

16. Informant Mrs. Mary B. Whiteford

Address Whiteford, Md.

17. Burial Date thereof Dec. 31 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bladensburg Cemetery

Location Delta, Pa.

18. Funeral director Herbert P. Hartline

Address Delta, Pa.

Dec. 30 1948 C. W. Kirk

(Date rec'd by registrar) 19 Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Whiteford

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1943 to December 28 1948 and that I last saw him alive on December 28 1948

Immediate cause of death

coronary thrombosis

Due to coronary thrombosis

Due to

Cancer

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'l place (where?)

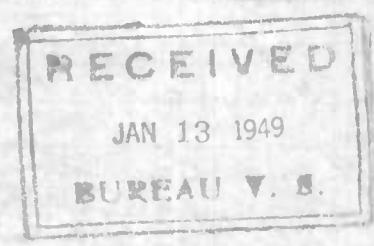
Means of injury

Injured at work?

23. SIGNATURE

Signature D. W. Kirk M. D. or other CARDIFF

Address Date signed 12-29-48



M  
I  
VS A15 9-45-1  
T  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EVIDENCE FOR CHANGE OF AGE SHOWN ON:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12578

FILM No. G 118 JAN 21 1949 CERTIFICATE OF DEATH

48a  
Reg. Dist. No. 182

1. PLACE OF DEATH:

County

HARFORD

City or town

BELAIR

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

ELLEN R. WILDASON

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

W W DIVORCED

6. (b) Name of husband or wife

JOHN WILDASON

7. Birth date of  
deceased (mo., day, yr.)

DEC. 28, 1866

6. (c) If alive, give age..... years

8. AGE:

Years 81 Months 11 Days 24 If less than one day hrs. min.

9. Birthplace

PENNSYLVANIA

(Town, county, and state)

10. Usual occupation

HOUSEWIFE

11. Industry or business

ISSAC CUMPIENE

PA.

14. Maiden name

Miss Elsie Wildason

15. Birthplace

Belair Md.

16. Informant

Address Belair Md.

17. Burial

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Dec. 6, 1948

Cemetery or crematory 11. ZION M.E.

Location

FOUNTAIN GREEN, MD

18. Funeral director

Address Hobart & Gross

19. (Date rec'd by registrar)

Address Benson, Md.

(Date rec'd by registrar) 12/5/48 P. Lownd

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md. County Harford

City or town

Belair (If outside city or town limits, write RURAL and give nearest town)

Street No.

-

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

DEC 3 1948 at 4:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1930 1940 to DEC 1948

and that I last saw her alive on DEC 1 1948

Immediate cause of death

Carcinoma of all pelvic organs

Due to Carcinoma cervix

(uterus)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Data of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE

M. D. or other

Addressee Belair Md. Date signed 12/5/48

